



City of Miami Gardens

Building Department

1515 NW 167th Street, Bldg # 4
Miami Gardens, FL 33169
305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

Contractor Affidavit Residential Re-Roofing ONLY

Date: _____ / _____ / _____

Reference: Permit Number: _____
Jobsite Address: _____
Contractor Name: _____
Phone Number: _____

Please be advised that a **Secondary Water Barrier shall be installed on to the existing roof**. For this requirement I the roofing contractor certify by this notarized statement that the following will be installed:

- ☐ a. All joints in the roof sheathing or decking shall be covered with a minimum 4" wide strip of approved self adhering polymer modified bitumen tape applied directly to sheathing or decking; or
- ☐ b. Asphalt impregnated #30 felt underlayment attached with nails and tin-caps complying with the HVHZ standards of the FBC 2004 edition, and covered with self-adhering polymer modified bitument cap sheet or an approved hot mop application; or
- ☐ c. The entire roof deck shall be covered with an approved asphalt impregnated 30# felt underlayment installed with nails and tin-tabs as required for the HVHZ. (No additional underlayment shall be required over the top of this sheet).

Notarized Signature of Applicant

Signature of Applicant
State of Florida, County of Miami -Dade
Sworn and subscribed to me this:

Month Day Year
Personally Known or Identification:

(Type of ID and expiration date)

Printed Name of Applicant

Signature of Notary Public

Notary Public Stamp: